

Connecticut

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State CARE Act Program Profile

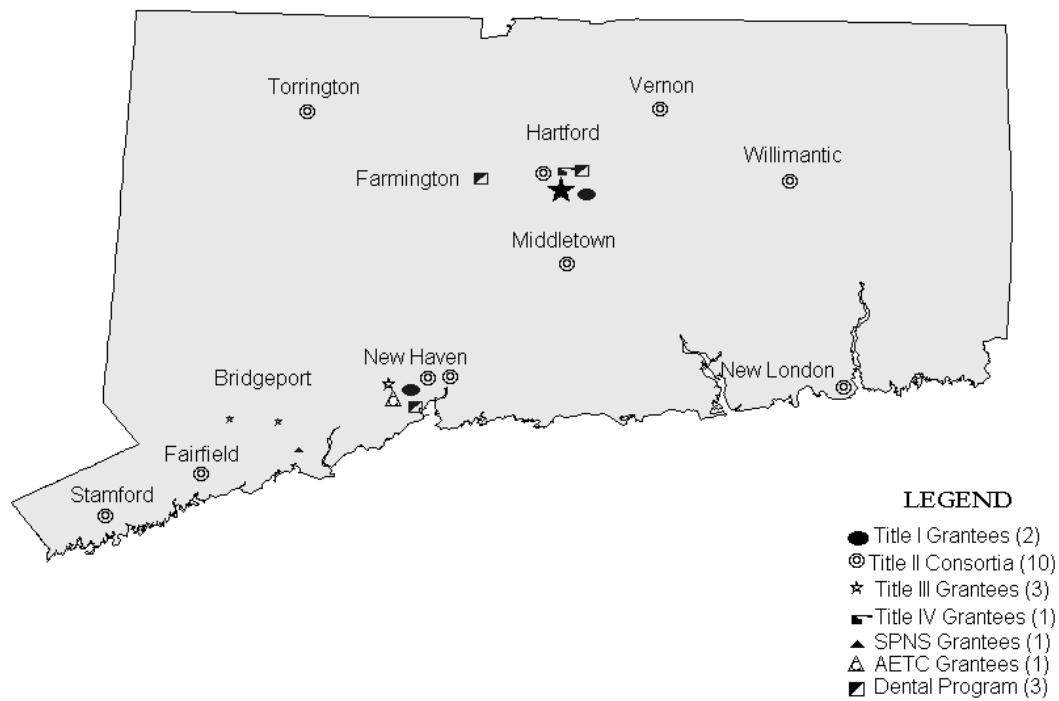
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$7,050,649	\$7,998,151	\$8,961,759	\$24,010,559
Title II (including ADAP)	\$3,651,778	\$6,120,430	\$8,267,209	\$18,039,417
ADAP	(\$861,629)	(\$2,790,394)	(\$4,836,430)	(\$8,488,453)
Title III	\$939,036	\$1,011,476	\$1,011,476	\$2,961,988
Title IV	\$456,000	\$635,000	\$666,750	\$1,757,750
SPNS	\$327,440	\$351,279	\$361,607	\$1,040,326
AETC	\$96,130	\$78,516	\$99,370	\$274,016
Dental	\$249,200	\$312,184	\$301,451	\$862,835
Total	\$12,770,233	\$16,507,036	\$19,669,622	\$48,946,891

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

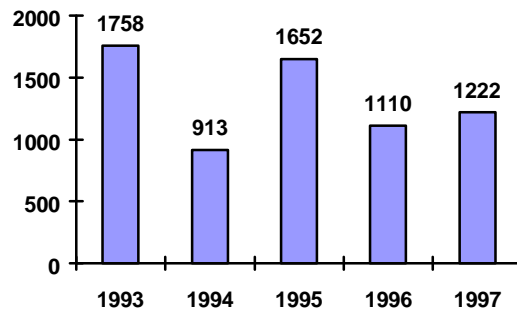
	1996	1997	1998
Title I	2	2	2
Title III	3	3	3
Title IV	1	1	1
SPNS	1	1	1
AETC (grantee or subcontractor)	1	1	1
Dental	3	3	3

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Connecticut (Pop. 3,269,858)

- ▶ Persons reported to be living with AIDS through 1997: 4,834
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 88
- ▶ State reporting requirement for HIV: No HIV reporting for adults. Confidential HIV infection reporting for pediatric cases (initiated July 1992).
- ▶ State AIDS Cases (cumulative) since 1993: 6,655 (2% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	71%	78%
Women (13 years and up):	29%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	0%	1%
20+ years old :	99%	98%

	State-Specific Data	National Data
White:	32%	33%
African American:	43%	45%
Hispanic:	25%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	16%	35%
Injecting drug user (IDU):	50%	24%
Men who have sex with men and inject drugs (MSM/IDU):	2%	4%
Heterosexual contact:	16%	13%
Other, unknown or not reported:	16%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	191.4	194.5
Gonorrhea (1996)	103.5	124.0
Syphilis (1996)	3.1	4.3
TB (1997)	3.9	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Emerging Needs:** determination of health status; health coverage; employment; access to drug therapies; dental services; mental health services; nutrition services; and clothing, food and transportation

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	185% FPL
Medically Needy	71% FPL

*Income eligibility for State's ADAP program is 300% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	Yes
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

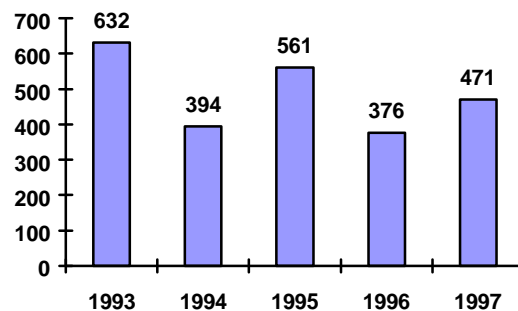
1915(b) waiver(s): Yes

Title I: Hartford

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Hartford, Middlesex, Tolland Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 1,891
- ▶ AIDS Cases (cumulative) since 1993: 2,434 (37% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	75%	71%	78%
Women (13 years and up):	25%	29%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	1%	2%
20+ years old:	100%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	28%	32%	33%
African American:	38%	43%	45%
Hispanic:	34%	25%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	17%	16%	35%
Injecting drug user (IDU):	60%	50%	24%
Men who have sex with men and inject drugs (MSM/IDU):	1%	2%	4%
Heterosexual contact:	16%	16%	13%
Other, unknown or not reported: (Adults only)	6%	16%	24%

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,486,605	\$1,732,307	\$1,824,800	\$5,043,712
Supplemental	\$1,561,862	\$929,166	\$1,788,229	\$4,279,257
Total	\$3,048,467	\$2,661,473	\$3,613,029	\$9,322,969

Allocation of Funds

	1998
Health Care Services	\$1,244,000/34%
Medications	\$100,000/3%
Case Management	\$376,800/10%
Support Services	\$1,533,578/42%
Administration, Planning and Program Support	\$358,651/10%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 45
- ▶ PLWH on planning council: 20 (44%)

Gender of Planning Council Members

Men:	44%
Women:	56%

Race/Ethnicity of Planning Council Members

White:	49%
African American:	29%
Hispanic:	22%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

► Improved Patient Access

- The Title I program, established in FY 1995, added the following new services in FY 1997: 1) medical case management for women and children to facilitate their access to HIV primary care and treatment; 2) a medication adherence support group, along with one-to-one counseling sessions; 3) an emergency food voucher program; and 4) physician prescribed acupuncture, as adjunct therapy for pain management and/or addiction recovery.
- The grantee expanded efforts to publicize the availability of funded services in the community with the: 1) production of bilingual informational brochures that are distributed widely through clinic and other service provider waiting rooms, shelters, soup kitchens and case managers; 2) use of bilingual posters on 100 buses serving routes in high-risk communities; 3) inclusion of information about Title I services into the local InfoLine, a statewide call-in referral system; and 4) monthly service ads in five local free newspapers focusing on Puerto Rican or Hispanic, African American, gay/lesbian and minority adolescent communities.
- Three new case manager positions were funded in FY 1997 to provide services in previously underserved geographic regions, and expanded bilingual services.

► Improved Patient Outcomes

- The Planning Council designed a process for evaluating Title I programs that measures provider performance against specific goals and objectives established for each service. Outcome measures recommended for substance abuse treatment, and mental health services were incorporated into FY 1998 service contracts.

► Cost Savings

- The grantee provided technical assistance to all funded providers during FY 1997 with respect to financial and program management, conducted site visits to audit financial systems and monitor contract compliance, and reported successful resolution of any identified issues.

► Other Accomplishments

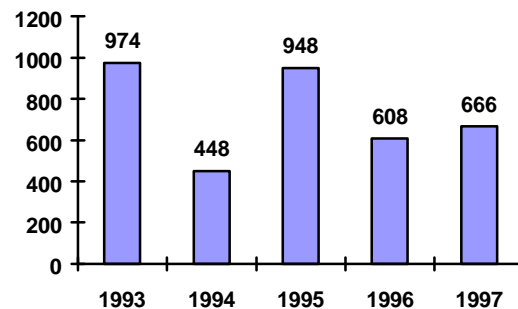
- Participated in a statewide Medicaid/Managed Care Work Group whose activities included consumer forums and a series of meetings with managed care providers to educate them about the needs of PLWH, especially those of women and children, and to negotiate standards of care.

Title I: New Haven

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Fairfield, New Haven Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 2,979
- ▶ AIDS Cases (cumulative) since 1993: 3,644 (55% of state cases, 1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	68%	71%	78%
Women (13 years and up):	32%	29%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	1%	1%	2%
20+ years old:	99%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	32%	32%	33%
African American:	49%	43%	45%
Hispanic:	20%	25%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	15%	16%	35%
Injecting drug user (IDU):	46%	50%	24%
Men who have sex with men and inject drugs (MSM/IDU):	2%	2%	4%
Heterosexual contact:	15%	16%	13%
Other, unknown or not reported: (Adults only)	22%	16%	24%

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$2,353,679	\$2,717,902	\$2,887,138	\$7,958,719
Supplemental	\$1,648,503	\$2,618,776	\$2,461,592	\$6,728,871
Total	\$4,002,182	\$5,336,678	\$5,348,730	\$14,687,590

Allocation of Funds

	1998
Health Care Services	\$2,490,602/47%
Medications	\$209,500/4%
Case Management	\$1,741,556/33%
Support Services	\$489,635/9%
Administration, Planning and Program Support	\$417,437/8%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 35
- ▶ PLWH on planning council: 10 (29%)

Gender of Planning Council Members

Men:	37%
Women:	63%

Race/Ethnicity of Planning Council Members

White:	49%
African American:	37%
Hispanic:	14%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	3,640
Men:	63%
Women:	37%

<13 years old:	5%
13-19 years old:	2%
20+ years old:	86%
Other, unknown or not reported:	6%

White:	22%
African American:	44%
Hispanic:	28%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	5%

Men who have sex with men (MSM):	9%
Injecting drug user (IDU):	54%
Men who have sex with men and inject drugs (MSM/IDU):	2%
Heterosexual contact:	30%
Other, unknown or not reported:	5%

► Improved Patient Access

- The number of clients receiving Title I-funded medical care increased by 61% from 3,639 in 1996, to 5,888 in 1997, while the number of medical visits provided increased more than eight-fold. To manage the increased demand for care, the EMA funded four more medical staff positions.
- While no new services were added in FY 1997, the New Haven EMA maintained their continuum of care by ensuring that all clients received at least three basic, critical services: primary medical care, case management, and substance abuse treatment services. Allocations were increased for each of these three services to ensure adequate availability for all clients.

- That same year, the EMA provided funding for a rural area within the EMA called “the valley,” which is located between the cities of Bridgeport, New Haven, and Waterbury, and which had only very limited AIDS services. A contract was awarded to the Naugatuck Valley Health District to provide primary care, dental care, case management, emergency financial assistance, transportation, housing support services, and mental health services to this underserved area.
- The New Haven EMA increased funding for the Title II-initiated Air Bridge Project. This project is designed to provide access to, and continuity in, HIV/AIDS primary care and medications for clients when they arrive from Puerto Rico and/or on their return to visit for an extended period.

Title II: Connecticut

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$3,651,778	\$6,120,430	\$8,267,209	\$18,039,417
ADAP (included in Title II grant)	(\$861,629)	(\$2,790,394)	(\$4,836,430)	(\$8,488,453)
Minimum Required State Match	\$1,825,889	\$3,060,215	\$4,133,605	\$9,019,709

Allocation of Funds

	1998
Health Care (State Administered)	\$5,188,819/63%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$5,188,819)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$2,238,438/27%
Health Care*	(\$328,818)
ADAP/Treatment	(\$0)
Case Management	(\$1,488,215)
Support Services**	(\$421,405)
Administration, Planning and Evaluation (Total State/Consortia)	\$771,794/9%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 10

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Greater Bridgeport HIV/AIDS Care Consortium	Fairfield	Upper Fairfield County	\$270,192
Greater Hartford Care Consortium	Hartford	Hartford County	\$471,740
Greater New Haven Case Management Consortium	New Haven	New Haven County	\$393,783
Litchfield County HIV Care Consortium	Torrington	Litchfield County	\$111,212
Mid/Lower Fairfield County Care Consortium	Stamford	Lower Fairfield County	\$157,397
Middlesex County Consortium	Middletown	Middlesex County	\$81,143
Southeastern Connecticut Ryan White Consortium	New London	New London County	\$290,991
Statewide HIV Consortia	New Haven	Statewide	\$431,846
Tolland County RWII Consortium	Vernon	Tolland County	\$42,996
Windham Area Consortia	Willimantic	Windham County	\$214,191

Accomplishments

Clients Served (duplicated count), FY 1996:	2,720
Men:	64%
Women:	36%
<13 years old:	4%
13-19 years old:	0%
20+ years old:	96%

White:	27%
African American:	40%
Hispanic:	31%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	2%

Men who have sex with men (MSM):	9%
Injecting drug user (IDU):	51%
Men who have sex with men and inject drugs (MSM/IDU):	2%
Heterosexual contact:	30%
Other, unknown or not reported:	8%

► **Improved Patient Access**

- During FY 1997, Title II provided primary health care and support services through nine regional consortia to 2,699 unduplicated clients, an increase of more than 180% since FY 1994. Of this number, 34% were women and children.
- The ADAP has grown by 250% over that same four-year period, from 579 clients in 1994, to a total of 1,450 served in 1995, and 2,049 served in 1997. Approximately 70% of ADAP clients received combination therapy with protease inhibitors as of mid-1998.
- In 1997, the ADAP advisory group reviewed utilization data and decided to drop one drug and add four new ones, for a total of 67 covered drugs on the formulary. Increased ADAP funding permitted expansion of financial eligibility from 200% FPL to 300% FPL, although 86% of clients have incomes at or below 200% FPL.
- Transitional case management services for HIV-infected prison inmates, about to be paroled or released, linked 793 clients in the first nine months of 1997 to needed primary health care, treatment and support services.
- A Title II enhanced pediatric demonstration project served 142 clients in first nine months of 1997.

► **Cost Savings**

- Cost savings strategies include voluntary rebates sought from manufacturers for all 67 drugs on the formulary.
- The ADAP incurs no program administration costs since it is managed by the State agency that is also responsible for the State's Medicaid programs.

► **Other Accomplishments**

- As one of six States receiving specialized technical assistance from HRSA in 1997, Title II and other CARE Act providers worked toward building collaborative initiatives with managed care plans (MCPs) and Medicaid. These initiatives focused on the development and implementation of: 1) HIV/AIDS provider training; 2) standards of care for special populations (e.g., adolescents); and 3) effective memoranda of understanding between MCPs and CARE Act providers.
- Six regional consumer training and TA meetings were held to increase consumer participation in local, regional and statewide advisory bodies.
- The Connecticut AirBridge Program worked collaboratively with its New York counterpart on services planning and coordination and expanded services to PLWH living in New Haven and Bridgeport.
- The Advisory Committee continues to review “underutilized” drugs to determine whether to maintain or remove them. The program has developed guidelines for adding new drugs to the formulary.

AIDS Drug Assistance Program (ADAP): Connecticut

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$1,214,018	\$3,142,783	\$5,188,819	\$9,545,620
State Funds	\$592,000	\$592,000	\$592,000	\$1,776,000
Other: Title I	\$605,027	\$645,868	\$309,500	\$1,560,395
Total	\$2,411,045	\$4,380,651	\$6,090,319	\$12,882,015

Program

- ▶ Administrative Agency: Dept. of Social Services
- ▶ Formulary: 69 drugs, 5 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: The Connecticut ADAP Advisory Group includes PLWH.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	1,051
Number using ADAP each month:	587
Percent of clients on protease inhibitors:	70%
Percent of active clients below 200% FPL:	86%

Client Profile, FY 1996

Men:	73%
Women:	27%

<13 years old:	1%
13-19 years old:	0%
20+ years old:	99%

White:	36%
African American:	38%
Hispanic:	24%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	1%

Title III: Connecticut

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	3	3	3	
Total Title III funding in State	\$939,036	\$1,011,476	\$1,011,476	\$2,961,988

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 3 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 2,328
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 630
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 144
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 25%
 - ▶ from 200 to 499: 40%
 - ▶ above 500: 26%
 - ▶ unknown: 9%

Accomplishments

Clients served (primary care only), 1996:	630
Men:	66%
Women:	34%
<13 years old:	1%
13-19 years old:	0%
20+ years old:	99%

White:	11%
African American:	48%
Hispanic:	41%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
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Men who have sex with men (MSM):	8%
Injecting drug user (IDU):	50%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	20%
Receipt of blood transfusion, blood components, or tissue:	0%
Other, unknown or not reported:	21%

► **Improved Patient Access**

- During the first year of the Southwest Community Health Center's early intervention program, 30 clients were served. In 1996, the total number increased by more than 500% to 167 clients. Each year, the grantee enrolls approximately 53 new clients with incomes at or below the Federal poverty line in the early intervention program.
- To enhance compliance with medical appointments, the grantee provides transportation assistance to clients of the Southwest Community Health Center. For those clients who are without entitlements or insurance, the grantee provides prescription vouchers until the clients become eligible for ADAP.
- In 1996, the Bridgeport Community Health Center enrolled 52 new clients, representing a 50% increase from the previous year.

► **Improved Patient Outcomes**

- The grantee noted a significant increase in the CD4 counts of HIV-infected clients of the Southwest Community Health Center. In 1997, 11% of the clients had CD4 counts less than 100 cells/mm³ compared to 21% of clients in 1996. These increases are attributed to the use of protease inhibitors.
- The Bridgeport Community Health Center reported a 97% return rate for HIV post-testing counseling in 1997. For those individuals testing positive, three post-test counseling sessions are immediately scheduled.
- The Fair Haven Community Health Center, a collaborating partner of the Hill Health Corporation, reported providing HIV counseling services to pregnant women in 1996. Of those counseled, 87% accepted HIV testing.

- Of 220 clients receiving specialized treatment at Hill Health Center, all of whom are chronic multiple substance abusers, over 55% adhere to and complete their individualized prescribed treatment programs.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Bridgeport Community Health Center	Bridgeport	Fairfield County	Community and Migrant (329/330) Health Center
Hill Health Center	New Haven	New Haven County	Community and Migrant (329/330) Health Center
Southwest Community Health Center	Bridgeport	Bridgeport	Community and Migrant (329/330) Health Center

Title IV: Connecticut

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	1	1	1	
Total Title IV Funding	\$456,000	\$635,000	\$666,750	\$1,757,750

HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	4%
Women with children:	17%
Adolescents/young adults:	8%
Children:	40%
Infants:	20%
Clients with AIDS/HIV Infection:	78%

Accomplishments

All clients served, 1996:	559
Men:	22%
Women:	78%
(Adolescents and adults only)	

<13 years old:	60%
13-19 years old:	8%
20+ years old:	32%

White:	14%
African American:	49%
Hispanic:	35%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	2%

Men who have sex with men (MSM):	0%
Injecting drug user (IDU):	9%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	10%
Receipt of blood transfusion, blood components, or tissue:	0%
Pediatric Exposure:	54%
Other, unknown or not reported:	26%

► **Improved Patient Access**

- A total of 80 HIV-infected youth received services through the Connecticut Primary Care Association's (CPCA) network of providers, representing a 320% increase since 1994.
- In 1997, Connecticut's Title IV network of providers enrolled approximately 75 infants, children, and pregnant women in clinical trials.
- Four sites strategically located throughout the hardest impacted areas of Connecticut provide greater access for clients. In 1997, the grantee served more than 600 clients, representing a 63% increase since 1994.

► **Improved Patient Outcomes**

- Since beginning a mother-child clinic in Hartford, the appointment compliance rate increased from 72% to 83% for mothers served.
- An evaluation study conducted at Stamford Hospital showed an appointment compliance rate of more than 90%.
- During 1997, the grantee followed 19 HIV-infected pregnant women for prenatal care, 90% of who accepted antiretroviral therapy to reduce perinatal transmission. No HIV-infected children were born in this timeframe, or in the previous year.
- In an effort to reach pregnant women, who have not had prenatal care at the time of delivery, Bridgeport Hospital designed a rapid HIV-testing program to identify HIV-infected women and initiate treatment to prevent perinatal transmission. Additional funding is being sought to implement the proposed program.

- The grantee successfully piloted a database in Hartford that allows providers to track clients longitudinally for purposes of clinical management. The database will be expanded to other facilities in upcoming years.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Connecticut Primary Care Association	Hartford	Bridgeport, New Haven, Hartford, Stamford	Association of Community Health Centers

Special Programs of National Significance (SPNS): Connecticut

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	1	1	1	
Total SPNS Funding in State	\$327,440	\$351,279	\$361,607	\$1,040,326

Project Descriptions

► Greater Bridgeport Adolescent Pregnancy Program

Location: Bridgeport

Project period: 12/93 - 11/98

Population Served: High-risk minority youth

Description of Services: TOPS is a peer model program for delivering services to high-risk youth, especially African Americans and Latinos ages 15 to 24. The TOPS client profile includes youth who are pregnant; in the custody of the juvenile justice system; male and female prostitutes; substance abusers; gay, bisexual, and lesbian youth, and runaway, homeless or otherwise disenfranchised young people. Program interventions focus primarily on outreach to clients and to health-care and social service agencies. The program encourages testing and promotes institutional linkages. It provides peer counseling and community education and early intervention through group contact or one-to-one street outreach. It also provides training and consultation on HIV service and intervention needs and on the coordination of services for youth.

Project Highlights

- The TOPS program has improved youth access to case management, HIV testing, substance abuse treatment, self-help groups, social services, and medical services by establishing formal referral agreements with 20 local providers. TOPS has also developed on-site recreational activities as a client incentive.
- A total of 2,300 hard-to-reach adolescents were contacted via street outreach, community-based programs, and educational programs providing increased access to health and associated support services. More than 350 clients were directly served by the project, including 69% African American, 2% White, 28% Hispanic, and 1% Native American.
- TOPS produced a rap song, video, and instruction manual for professionals and youth about HIV/AIDS issues and the methods for establishing a peer educator program focusing on street youth culture, HIV/AIDS prevention and services, substance abuse education, and self-enhancement.

AIDS Education and Training Centers: Connecticut

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ New England AETC
- ▶ States Served: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
- ▶ Primary Grantee: New England AETC, Brookline, MA
- ▶ Subcontractors in State: Yale School of Nursing - New Haven

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$96,130	\$78,516	\$99,370	\$274,016

Training Highlights from FY 1997

- To provide information on PHS treatment guidelines, the AETC offered sessions designed to address the diverse training needs of health care providers, depending upon their clinical settings. Offered in one-, two-, or three-hour modules, program sessions were held at community health centers, regional meetings or professional provider associations, at in-service or grand rounds sessions, and as training programs open to all interested providers.
- To help providers understand that challenges of treating individuals with a dual diagnosis of HIV and addiction, the AETC developed a comprehensive two-day course. The curriculum featured the full scope of patient-clinician interactions and the course included lecture presentations, case discussions, and roundtable and panel discussions featuring people living with HIV.
- “HIV/AIDS Updates and Case Discussion: A Program for Community Health Center Providers” is a monthly series that brings together a variety of clinicians experienced in HIV care and treatment issues from sites throughout the Boston area. Each month’s session features an expert who presents a topic relevant to HIV/AIDS care, treatment and research. Participants are invited to bring cases from their own practices, which are then discussed by participants.

- To highlight the needs of women living with, or at-risk of, HIV disease and the challenges faced by their providers, the AETC developed a three-hour program titled “Women, HIV, and Reproductive Care.” The goals of the program include: to describe current knowledge of HIV transmission and treatment; to identify the medical, social and emotional issues faced by women with HIV; to demonstrate skills for incorporating counseling patients about reproductive decision-making, HIV disease, and HIV testing into the providers’ clinical settings; and to identify strategies to provide effective counseling and testing for women while considering cultural health practices, beliefs, and linguistic differences.
- The AETC developed an interactive program that allows participants to examine new and emerging therapies. “HIV Resistance, Treatment Sequencing, and Adherence Issues: A Roundtable Forum” features multidisciplinary, participatory roundtable discussions in which participants examine clinical case scenarios and propose treatment options in an informal group setting. The three-hour program begins with a presentation that is followed by roundtable discussions. Each roundtable is facilitated by a clinician. Participants are assigned to tables so that in each discussion a variety of disciplines are represented.
- The “Nurse Practitioner/Nurse Practitioner Student Clinical Site Training” is a clinical training program that has offered up to 98 hours of clinical experience over 13 weeks to students in a practice that focuses solely on HIV disease. The clinical practicum takes place at the clinic and during home visits, providing an opportunity for participants to experience a full spectrum of HIV-related treatment and care strategies and interventions.

HIV/AIDS Dental Reimbursement Program: Connecticut

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	3	3	3	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$249,200	\$312,184	\$301,451	\$862,835

Accomplishments

Est. clients served, 1996:	3,148
Men:	79%
Women:	21%
<13 years old:	2%
13-19 years old:	1%
20+ years old:	96%

HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Saint Francis Hospital	Hartford
University of Connecticut Health Center	Farmington
Yale New Haven Hospital	New Haven